

<b>Case Number:</b>	CM15-0224934		
<b>Date Assigned:</b>	11/23/2015	<b>Date of Injury:</b>	03/11/2009
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/16/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Dentist

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 50 year old female who reported an industrial injury, to the left wrist, on 3-11-2009. Her diagnoses, and or impressions, were noted to include: hypertension, possibly due to the injury; industrially related obstructions of the airway, occurring at night; sleep disturbance; chronic periodontitis and aggravated periodontal disease, contributed to by industrial pain, stressors, medications (Ibuprofen), bruxism or loss of sleep (3-11-09); evaluation-treatment of nocturnal obstruction of airway on 8-10-2015; and immediate emergency medical treatment of an obstructive airway oral application to be worn at night (3-11-09 & 9-22-15). No imaging studies were noted. Her treatments were noted to include: a sleep study (2-15-14 & 4-15-15); cardiopulmonary testing (3-17-15); an overnight electrocardiogram study (5-28-2015); bilateral carotid arterial ultrasound study (8-1-15); body composition studies (8-17-15); diagnostic polysomnogram respiratory studies; left wrist physical therapy; medication management with toxicology screenings (7-2015); and rest from work. The progress notes of 8-10-2015 reported: that she underwent polysomnogram respiratory studies noting nocturnal obstructions in the airway; a 10 pound weight gain; awakening with fascial pain and headaches; clicking, grinding and minimal pain in the temporomandibular joints; pressure in the bilateral ears; a dry mouth; and that her bite felt off. The objective findings were noted to include review of the overnight polysomnography studies. The physician's requests for treatment were noted to include that she needed treatment for her industrially related nocturnal obstructions of the airway. The Request for Authorization, dated 9-22-2015, was noted to include periodontal scaling (4 quadrants) for aggravated periodontal disease-gum infections and inflammations. The Utilization Review of 10-20-2015 non-certified the request for periodontal scaling in 4 quadrants.

## IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Periodontal scaling (4 quadrants):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Comprehensive periodontal therapy: a statement by the American Academy of Periodontology, J Periodontol 2011 Jul; 82 (7): 943-9, [133 references].

**Decision rationale:** Records reviewed indicate that this patient was diagnosed with hypertension, possibly due to the injury; industrially related obstructions of the airway, occurring at night; sleep disturbance; chronic periodontitis and aggravated periodontal disease, contributed to by industrial pain, stressors, medications (Ibuprofen), bruxism or loss of sleep. Dentist is recommending periodontal scaling 4 quadrants. However In the records provided, there are insufficient documentation of patient's current "Examination of teeth to evaluate the topography of the gingiva and related structures; to measure probing depths, the width of keratinized tissue, gingival recession, and attachment level; to evaluate the health of the subgingival area with measures such as bleeding on probing and suppuration; to assess clinical furcation status; and to detect endodontic-periodontal lesions." As recommended by the medical reference mentioned above. Absent further detailed documentation and clear rationale, the medical necessity for this request is not evident. This reviewer finds this request not medically necessary.